

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Eric J. Holcomb**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Executive Director*

### Manufactured Home Installer – CE Provider Renewal

To renew your registration, please print and complete this form in its entirety and submit it with the required documentation.

#### LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address

|                |                     |                 |
|----------------|---------------------|-----------------|
| Provider Name  | Registration Number | Expiration Date |
| Street Address |                     |                 |
| City           | State               | Zip Code        |
| Phone Number   | Website address     |                 |
| Contact Name   | Email Address       |                 |

#### RENEWAL REQUIREMENTS

A provider of courses for manufactured home installers must submit, along with the renewal form, any changes made in the:

- Course topics
- Materials
- Instructors
- Other information required by 879 IAC 1-6

#### LICENSEE AFFIRMATION

My signature below indicates our desire to renew our Continuing Education Provider license for another term.

|                      |                         |
|----------------------|-------------------------|
| Signature of Officer | Date (month, day, year) |
|----------------------|-------------------------|

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov) for additional information regarding your license, or email the Board at [pla12@pla.in.gov](mailto:pla12@pla.in.gov).

#### FOR OFFICE USE ONLY

|             |             |      |
|-------------|-------------|------|
| Renewal Fee | Receipt No. | Date |
|-------------|-------------|------|